

Peter Alderton Sr

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Green Ridge

Alleghany

Age

72 10.

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Obstruction of stomach

Death

Immediate

General peritonitis

How long sick

About a year

~~Accident, Suicide, Homicide~~

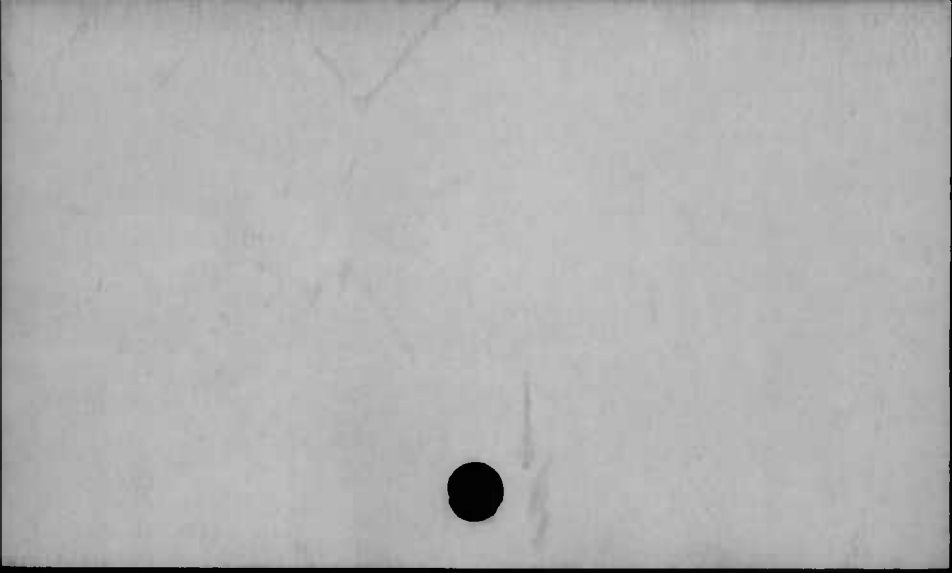
Reported by

W. Z. Kille M.D.

Address

Paw Paw W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept 13

Age 59

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Strangulated Hernia

How long sick

4 Day 2

Death

Immediate

Shock of operation

Accident, Suicide, Homicide

Reported by

Address

Frostburg

A B Price

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name in Full

Certificate of Death

Barnard
 Died at Anden Shapt Town County Allegany MARYLAND.

Date 189 5 Month 9 Day 7 Y. 1 M. 1 D. 1 Native of Occupation
~~M.~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name Wm. J. Barnard Mother's Name 140

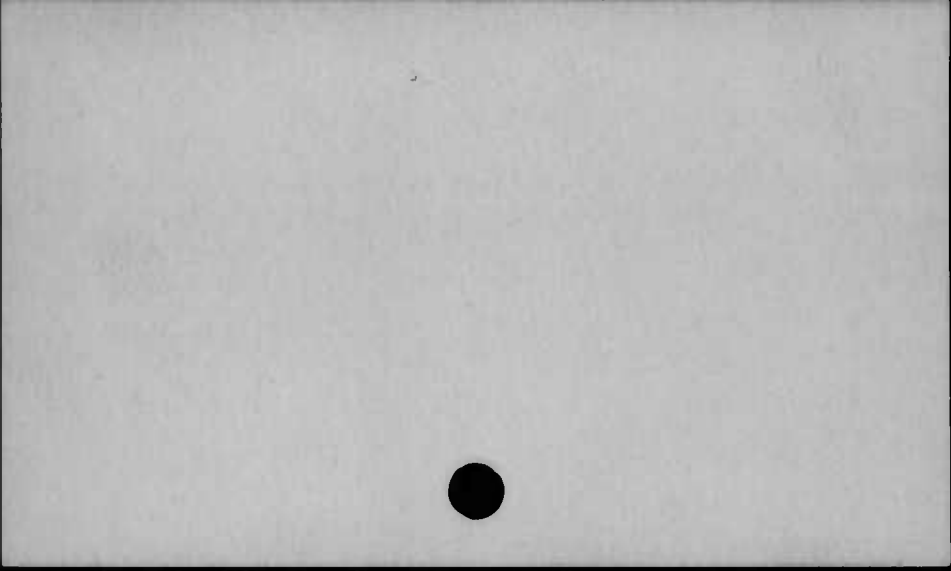
Cause of Death { Primary Teething How long sick
 Immediate Accident, Suicide, Homicide

Reported by Evening Review 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65955



David Billmeyer

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date 1898 Sep. 9th

Age 35

Y. M. D. Native of

Occupation

Male

White

Married

~~Widow~~

Divorced

Penna Lumberman

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Do not know

Do not know

Mother's

Name

145-d.

Cause of Primary

How long sick

Death Immediate

Killed by rail road

Accident, ~~Suicide~~, Homicide

Reported by

Charles P. Morris J. P. Acting Coroner

Address

Cumberland

Md



Name in Full

Certificate of Death

Raymond Teeland Cassidy

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 189

8

Month

Day

9 - 29

Y.

M.

D.

5 - 18

Native of

Cumberland

Occupation

MaleWhiteMarriedWidowDivorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Harry Clagette Cassidy

Mother's

Name

Sara Jane Casseday

Cause of

Primary

Subarachnoid, 22 ft

How long sick

10 weeks,

Death

Immediate

Ureanic Convulsions,

Accident, Suicide, Homicide

Reported by

H B Miller

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Edward Clark

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Sep

14

Age

34

Cumberland, Labour

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

six

Husband

of

Emma Clark

Father's

Name

Samuel

Mother's

Name

145-d

Cause of

Primary

How long sick

Death

Immediate

Killed by railroad

Accident, ~~Suicide, Homicide~~

Reported by

Charles P. Morris, Acting coroner

Address

Charles P. Morris ● Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

John Thomas Dewey Crosten

Town

County

Died at

Ocean

Allegheny

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

9-28 Age - 2-21

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

J. E. Crosten

Mother's

Name

Carrie Crosten

Cause of

Primary

Cholera Infantum

Death

Immediate

Was not present - 82

How long sick

~~Accident, Suicide, Homicide~~

Reported by

C. G. Smith M.D.

Address

Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isabella M. Crow

Town

County

Died at Pekin

Alli pany

MARYLAND

Date 1898 ^{Month} Sept ^{Day} 8 Age 37 M. D. Native of Scotland Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Wife of Thornton J. Crow

Father's Name John Morton

Mother's Name Mary Ann Jackson

Cause of Death { Contracted, Pelvic - difficult labor
Primary Infection to ovaries vaginal tissues = Lymphoma of same

Immediate Death Leptosis 119

How long sick 17 days

Accident, Suicide, Homicide

Reported by James A. Bullock M.D.

Address Lonaconing Mt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Michael H. Dingherty

Town

County

Died at

Three Mile Water House

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

5

9

Age

65.

Gardener & Dairyman

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living 5

Husband

of

Wife

Father's

Name

Mother's

Name

155a

Cause of

Primary

Dropsy

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Corrigan (Cumberland)

Address

9-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 25928



Ernest Fisher

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

Sept 13

Age

Y.

M.

D.

98 - -

Native of

Occupation

Virginia Gun Smith

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

—

Husband

of

Father's

Name

Mother's

Name

Cause of

Primary

Old age

141

How long sick

8 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

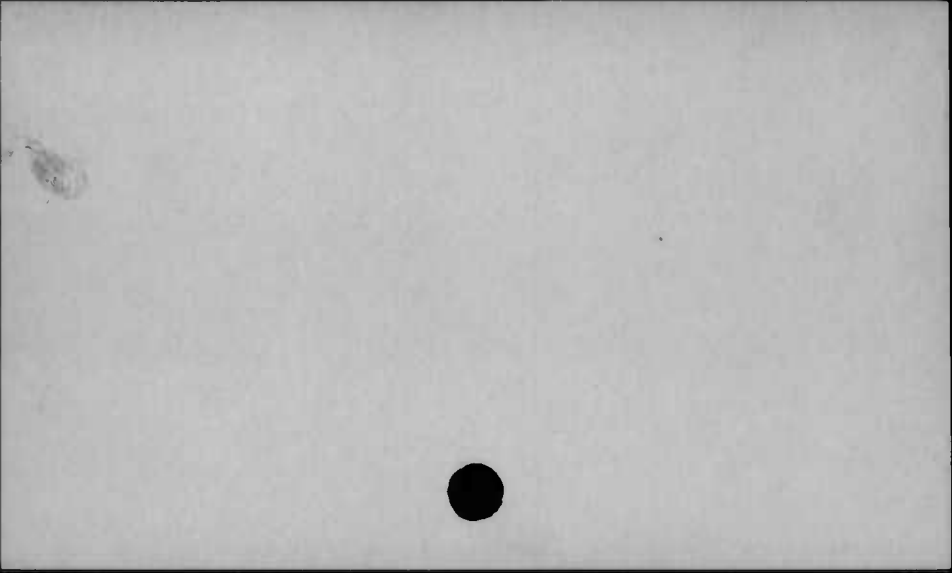
Reported by

E. I. Dorse

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



MARYLAND

Died at ^{Town} Eckhart Mines^{County} AlleganyDate 189 ^{Month} 8 ^{Day} Sept. 6Age ^{Y.} ^{M.} 3 ^{D.}

Native of Eckhart Mines Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
Wife

Father's Name John Grace

Mother's Name — Grace O

Cause of { Primary

Bottle per. 82

How long sick

6 days

Death { Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Blum Brownwell & Co

Address

Eckhart Mines



Name in Full

Certificate of Death

Elizabeth M Kelly

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 14

Age

28

Maryland

Housewife

~~Female~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

George Kelly

Wife

Father's

Name

George F Hite

Mother's

Name

Williams Hite

Cause of

Primary

Typhoid fever

1

How long sick

2 1/2 weeks

Death

Immediate

Inflammation bowels

~~Accident, Suicide, Homicide~~

Reported by

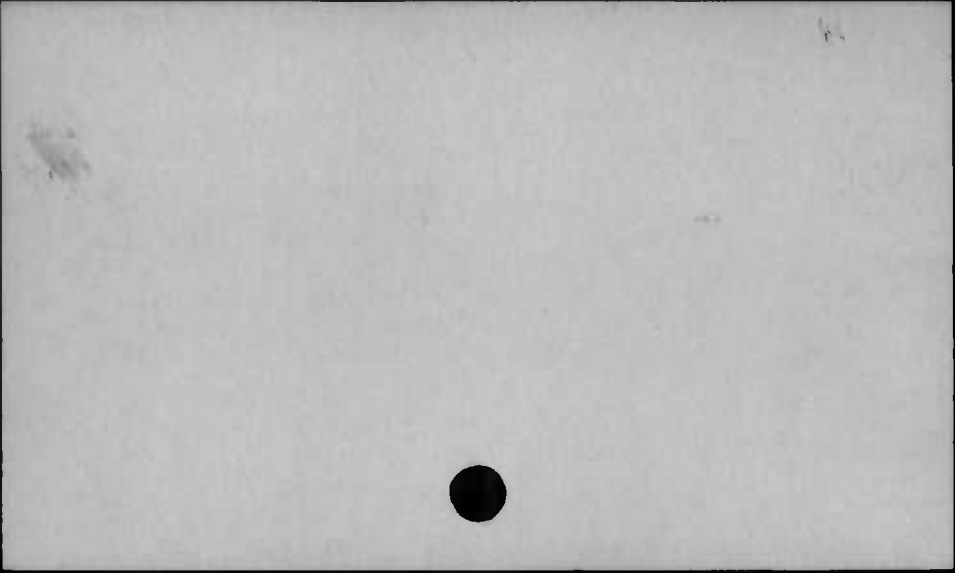
W J Craven MD

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Thos. Jefferson Keys
 Town County

Died at

Barton

Allegheny

MARYLAND

Date 189

8

Month

Sept

Day

12

Age

Y.

M.

D.

- 2.29

Native of

U.S.

Occupation

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Jefferson Keys

Mother's

Name

Susan Keys

Cause of

Primary

Marasmus

Death

Immediate

How long sick

14 or 15 days

Accident, Suicide, Homicide

Reported by

C. Brokmacke M.D.

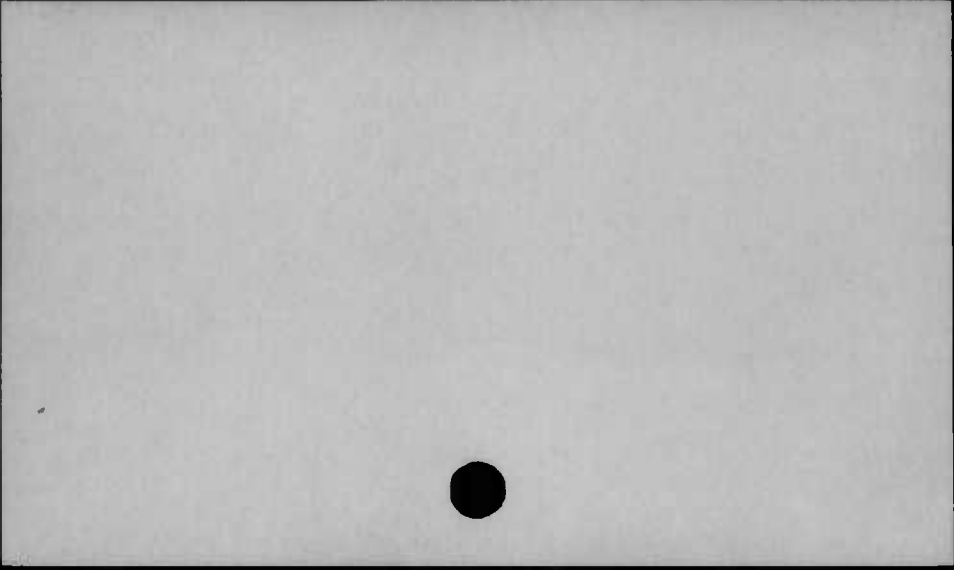
Address

Tonawanda

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068



Anna Katharine Krieg

Town

County

Cumberland

Allegheny

MARYLAND

Died at

Date 1898 Sept 20 Month Day Y. M. D. Germany Native of Housewife Occupation
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living 2-5 dead

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Gustave Adolph Krieg.

Mother's

Name

Henrik Wiegand

Berona Kreis

- How long sick

Six months

Accident, Suicide, Homicide

H B Miller

Cumberland Md



Name in Full

Certificate of Death

Charles W. Leasure

Died at

Booth Run

Town

County

Allegany

MARYLAND

Date 189

5

Month

Day

9-23

Y.

M.

D.

Native of

Occupation

Age

19

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sommerfield Leasure

Mother's

Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Independent (Cumberland)

Address

9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

MARY ANN

(MARRIED)

W. H. HARRIS

24

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

W. H. HARRIS

Name in Full

Certificate of Death

Mary Veronica M. Connell

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sept

8

Age

3

3

7

Maryland

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children~~

of

Father's

Mother's

Name

Name

Peter M. Connell

Mattie Hammers

Cause of

Primary

Whooping Cough - Bronchitis

How long sick

14 Days

Death

Immediate

Diarrhea 7

~~Accident, Suicide, Homicide~~

Reported by

Address

James Q. Bullock M.D.
Loma coning Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968



Name in Full

Sena McConnell

Town

County

Died at

Horseshoe

Allegheny

MARYLAND

Date 1898

8

Month

Sept

Day

26

Age

Y.

M.

D.

- 8. 17

Native of

Md

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
of
~~Wife~~Father's
Name

Peter McConnell

Mother's
Name

Mattie Hammers

Cause of

Primary

Whooping Cough-Cerebral Meningitis

How long sick

40 Days

Death

Immediate

Convulsions 7

~~Accident, Suicide, Homicide~~

Reported by

James O. Bullock M.D.

Address

Sona coming Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Male

~~Female~~

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Widow~~~~Divorced~~

Widower

Number of children living

MARYLAND

Mother's

Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65965



Name in Full

Certificate of Death

Marra
Marra

Died at Midland Town, Allyan County, **MARYLAND**

Date 189 8 Sept 14 Month Day Y. M. D. infant Native of Midland Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name William Marra Mother's Name

Cause of Death { Primary Immediate } How long sick 161 Accident, Suicide, Homicide

Reported by Lucas, Stan Sept. 22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Margaret Rennie

Town

Pekin

County

Allegheny

MARYLAND

Died at

Date 1898 September 14 Age 5 - Y. M. D. Native of Pekin Md Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband of

Father's

Name

Mother's

Name

Cause of

Primary

Delicate from birth - Poor nour - How long sick
Died - 72 on Cow milk 82 5 Days

Death

Immediate

Cholera Infantum -

~~Accident, Suicide, Homicide~~

Reported by

Address

Dr. C. Bullock M.D.
Somerville Me -
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Ryan

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date 1898 9-21

Month Day

Age

Y.

M.

D.

Native of

Occupation

8

9-21

65

Pa

Steamstress

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

X of

Father's

Name

Jm Ryan

Mother's

Name

Mary Ryan

Cause of

Primary

Old age

141

How long sick

None

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

E. L. Jones

M.D.

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66088



Name in Full

Certificate of Death

Mrs. Catharine Bairbush

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 189

8

Month

Day

Sep 22

Age

38

Y.

M.

D.

Native of

Va

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Childbirth

117

How long sick

12 days

Death

Immediate

Uterine hemorrhage

Accident Suicide Homicide

Reported by

W. W. Wiley: Cumberland MD

Address

I report this case although I only saw her an hour before her death W. W. Wiley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88868



Name in Full

Certificate of Death

Sarah C. Strucko

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Sept-23

Age 20

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Richthia

How long sick

8 days

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

A. B. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Henrietta Christina Thoma Thuss

Town

County

MARYLAND

Died at

Cumbuland

Alleghany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

F

9-13

Age

56

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Sophia Thuss

Cause of

Primary

Tumor

159

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Courier (Cumbuland) 9-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Andrew L. Thompson

Town

County

Died at

Bridgetown

Alligany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

F

9-3

Age

28

Penn.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Consumption 229

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. L. Loomis Review 9-9

Address



Name in Full

Certificate of Death

Coleman Dandridge
Town County

(William Walker)

Died at Alms House

Allegheny MARYLAND

| Date 189 | Month | Day | Y. | M. | D. | Native of | Occupation |
|----------|---------|---------|----|----|----|-----------|---------------------------|
| 8 | 9 | 19 | 98 | - | - | Va | Driver |
| Mala | White | Married | 98 | - | - | Widow | |
| Female | Colored | Single | | | | Widower | Number of children living |

Husband
of
WifeFather's
NameMother's
Name

| Cause of | Primary | Death | Immediate | How long sick | Accident | Suicide | Homicide |
|----------|----------|-------|-----------|---------------|----------|---------|----------|
| | Senility | | Coma | 1 yr | | | |

Reported by E. H. Brown

Address Columbus Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65688

Attended by Dr. C. H. Brace
of Cumby Md

The undertaker was Allen. Co
of —

Information contained in this certificate re-
ceived from Geo V Harris, Supt-
of Cumby Md

Name in Full

Certificate of Death

Ellen Wilson

Town

County

MARYLAND

Died at

Inacoring

Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

F

9-15

Age

60

12

Scotland

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

~~Husband~~ of

Wife

Father's

Name

Wm. Wilson
Patterson

Mother's

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Mrs Inacoring

9-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Grahamston

Town

County

Allegany

MARYLAND

Date 189

5

Month

Day

9 -

Age

Y.

M.

D.

73 - 7 - 8

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

12

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Diabetes 28

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Evening Review 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full

Certificate of Death

Wilhelmina Gummier

Town

County

Died at

Crumbs

Allegheny

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Sep 22

Age 68

Germany

Midwife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

2

~~Husband~~

of

Wife

Father's

Name

Jas. Gummier

Mother's

Name

Cause of

Primary

apoplexy

42

Death

Immediate

How long sick

36 hours

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

W. W. Wilson

Address

Crumbs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85000

